

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA**

)	
)	Case #: _____
Petitioner,)	
)	OBLIGOR’S FINANCIAL AFFIDAVIT
vs.)	(Person Ordered to Pay Support)
)	
Respondent.)	

1. **NAME:** _____
Last First M.I.

2. ADDRESS:

Street Address		
City	State	Zip Code

3. **TELEPHONE NUMBERS:** Home: () _____
Work: () _____ Message: () _____

4. **DATE OF BIRTH:** _____ / _____ / _____
 Month Day Year

5. NAME OF PRESENT SPOUSE: _____

6. NAME AND AGE(S) OF MINOR CHILD(REN), COMMON TO YOU AND YOUR PRESENT SPOUSE OR PREVIOUS RELATIONSHIP, LIVING WITH YOU:

NAME	AGE	NAME	AGE

Case No. _____

7. NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

Street Address

City

State

Zip Code

8. IF UNEMPLOYED NOW, WHY? _____

YOUR USUAL OCCUPATION? _____

WHEN LAST EMPLOYED: _____

9. LIST ALL INCOME YOU RECEIVE FROM ANY SOURCE:

INCOME	DOLLAR AMOUNT
Gross monthly pay (wages, salary, tips, commission, etc.)	\$
Rents (amount after expenses deducted)	\$
Pensions and retirement income	\$
Social Security income	\$
Dividends and interest income	\$
Disability and unemployment pay	\$
Current child support and spousal maintenance received	\$
Welfare and Aid to Dependent Children	\$
Trust funds	\$
Income from any other source	\$
TOTAL MONTHLY INCOME	\$

10. LIST ALL BANKS, SAVINGS AND LOAN, CREDIT UNIONS, OR OTHER FINANCIAL INSTITUTIONS IN WHICH YOU HOLD ACCOUNTS AND/OR SHARES:

INSTITUTION	ADDRESS	DOLLAR AMOUNT
		\$
		\$
		\$
		\$

	CASE NO. _____	
INSTITUTION	ADDRESS	DOLLAR AMOUNT
		\$
		\$
		\$

11. LIST THE NAMES OF ANY INDIVIDUALS OTHER THAN THOSE NAMED IN THE PRESENT ACTION, WHOM YOU ARE UNDER COURT ORDER TO SUPPORT, AS WELL AS THE AMOUNT OF THE ORDER:

NAME	AMT. OF ORDER
	\$
	\$
	\$
	\$
	\$

12. LIST ALL PROPERTY, INCLUDING YOUR HOME AND ALL MOTOR VEHICLES, ITS VALUE ANY LIENS OR INDEBTEDNESS, AND WHO INDEBTEDNESS IS OWED:

DESCRIPTION OF PROPERTY	VALUE	INDEBTEDNESS OF LIEN	TO WHOM OWED
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Case No. _____

13. LIST ALL MONTHLY EXPENSES WHICH YOU ARE RESPONSIBLE TO PAY AT THE PRESENT TIME:

MORTGAGE/RENT \$ _____	GAS & ELECTRIC \$ _____	TELEPHONE \$ _____	WATER \$ _____
FOOD \$ _____	MEDICAL & DENTAL INSURANCE \$ _____	TRANSPORTATION (Gas, Bus Fare, <u>Not</u> car payment) \$ _____	OTHER \$ _____

14. LIST ALL INSTALLMENT CONTRACTS AND REVOLVING CREDIT PAYMENTS THAT YOU HAVE NOT INCLUDED IN ITEM 14:

TO WHOM OWED	MONTHLY AMOUNT	BALANCE DUE
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

15. TOTAL MONTHLY EXPENSES (TOTAL ITEMS 14 AND 15):

\$

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

Sworn to or Affirmed before me this:

(date)

by _____

My Commission Expires:

Deputy Clerk or Notary Public